Appraised for use through 05000000 CMB 084-0300 U.S. Palent and Tredeman, Office, U.S. DEPARTMENT OF COMBINED CO. U.S. Palent and Tredeman, Office, U.S. DEPARTMENT OF COMBINED CO. U.S. Palent and Tredeman, Office, U.S. DEPARTMENT OF COMBINED CO. U.S. Palent and Tredeman, Office, U.S. DEPARTMENT OF COMBINED CO. U.S. Palent and Tredeman, Office, U.S. DEPARTMENT OF COMBINED CO. U.S. DEPARTMENT OF CO. U.S. DEP

Foos pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818). FEE TRANSMITTAL For FY 2007				Application Nun	nber 1	10/743,146-Conf. #7474		
				Filing Date		December 23, 2003		
				First Named Inventor		Hitoshi MATSUOKA		
				Examiner Name		T. M. Dove		
Applicant claims small entity status. See 37 CFR 1 27				Art Unit		1745		
TOTAL AMOUNT OF PAYMENT (5) 910.00				Attorney Docket No. 1691-0195P				
METHOD OF	PAYMENT (chec	k all that apply)						
Check	Credit Card	Money Order	Non	e Other (please identify	······································		
x Denosit Ac	J Eposit Accoun	of Norther Of	2-2448	٠	Account Name.		art. Kolasci	h & Birch.
***************************************	above-identified dep					*******************************		
,	harge fee(s) indicate		Otterant is	pinning		k an man apply icated below, o		na filina fac
×c	harge any additional e(s) under 37 CFR	fee(s) or underpa	yments of		any overpa		sacept for ti	ne ming ser
FEE CALCU			***************************************	***************************************				
1. BASIC FILIN	G, SEARCH, AND						***************************************	
	P	FILING FEES Small Entity		ARCH FEES	EXAMIN	ATION FEES	3	
Application T	ype Fee	(\$) Fee (\$)	Fee (\$)	Small Entity Fee (S)	Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)
Utility	306	0 150	500	250	200	100		
Design	200	0 100	100	50	130	65	***************************************	
Plant	200	0 100	300	150	160	80		
Reissuc	300	0 150	500	250	600	300	-	
Provisional	200	0 100	0	0	0	0		
2. EXCESS CL.	AIM FEES						***************************************	Small Entit
Fee Description	1						Fee (\$)	Fee (\$)
	r 20 (including Reis						50	25
Each independent claim over 3 (including Reissues) Multiple dependent claims							200	100
							360	180
Total Claims Extra Claims Fee (5) Fee f			ald (\$)	Multiple Dependent Claims				
HP = highest num	bor of total claims paid fi	or, if greater than 20			2.03	1.151	Fee Paid (\$	rī,
Indep. Claims	Extra Claims	Fee (\$)	Fee P	aid (\$)	***********		***************************************	
HP = highest num	sper of independent claim	ns paid for, if greater to	isn 3					
listings und	N SIZE FEE ation and drawings of fer 37 CFR 1.52(e)), action thereof. See	, the application s	ize fee du	e is \$250 (\$125 f))
Total Sheet	ts Extra She			ditional 50 or frac (round up to a who			Fee I	Paid (\$)
4. OTHER FEE		***************************************		, y w w mio			Fees	Paid (\$)
Non-English	Specification, \$13	30 fee (no small e	ntity disco	runt)			***************************************	
Other (e.g.,)	late filing surcharge): 1801 Reques	t for cont	inued examinat	ion (RCE)	(see 37		0.00
				poriso maniful	or money			
SUBMITTED BY	San James			201130 111111111				
SUBMITTED BY	Carcaro		, ,	Registration No.	32,181	Telephone	(703) 20	

